

Annual Report - Independent Living Services For Older Individuals Who Are Blind

RSA-7-OB for California Department of Rehabilitation - H177B170005 report through September 30, 2017

(Go to end of report for instructions)

Part I: Funding Sources And Expenditures

Title VII-Chapter 2 Federal grant award for reported fiscal year	3,352,651
Other federal grant award for reported fiscal year	0
Title VII-Chapter 2 carryover from previous year	1,288,842
Other federal grant carryover from previous year	31,797
A. Funding Sources for Expenditures in Reported FY	
A1. Title VII-Chapter 2	4,641,493
A2. Total other federal	31,797
(a) Title VII-Chapter 1-Part B	0

(b) SSA reimbursement	31,797
(c) Title XX - Social Security Act	0
(d) Older Americans Act	0
(e) Other	0
A3. State (excluding in-kind)	0
A4. Third party	0
A5. In-kind	463,451
A6. Total Matching Funds	463,451
A7. Total All Funds Expended	5,136,741
B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs	1,025,263
C. Total expenditures and encumbrances for direct program services	4,111,478

Part II: Staffing

FTE (full time equivalent) is based upon a 40-hour workweek or 2080 hours per year.

A. Full-time Equivalent (FTE)

Program Staff	a) Administrative and Support	b) Direct Service	c) Total
---------------	-------------------------------	-------------------	----------

1. FTE State Agency	1.0000	0.0000	1.0000
2. FTE Contractors	12.5300	49.0600	61.5900
3. Total FTE	13.5300	49.0600	62.5900

B. Employed or advanced in employment

a) Number employed b) FTE

1. Employees with Disabilities	44	0.0000
2. Employees with Blindness Age 55 and Older 30		10.9400
3. Employees who are Racial/Ethnic Minorities 69		29.1100
4. Employees who are Women	125	55.7800
5. Employees Age 55 and Older	58	27.3800

C. Volunteers

C1. FTE program volunteers (number of volunteer hours divided by 2080) 21.06

Part III: Data on Individuals Served

Provide data in each of the categories below related to the number of individuals for whom one or more services were provided during the reported fiscal year.

A. Individuals Served

1. Number of individuals who began receiving services in the previous FY and continued to receive services in 1,650 the reported FY

2. Number of individuals who began receiving services in the reported FY 4,199

3. Total individuals served during the reported fiscal year (A1 + A2) 5,849

B. Age

1. 55-59 583

2. 60-64 685

3. 65-69 750

4. 70-74 717

5. 75-79 660

6. 80-84 778

7. 85-89 800

8. 90-94 598

9. 95-99 234

10. 100 & over 44

11. Total (must agree with A3) 5,849

C. Gender

1. Female	3,853
-----------	-------

2. Male	1,996
---------	-------

3. Total (must agree with A3)	5,849
-------------------------------	-------

D. Race/Ethnicity

1. Hispanic/Latino of any race	1,155	<i>For individuals who are non-Hispanic/Latino only</i>
2. American Indian or Alaska Native	45	
3. Asian	364	
4. Black or African American	440	
5. Native Hawaiian or Other Pacific Islander	29	
6. White	3,644	
7. Two or more races	58	
8. Race and ethnicity unknown (only if consumer refuses to identify)	114	
9. Total (must agree with A3)	5,849	

E. Degree of Visual Impairment

1. Totally Blind (LP only or NLP)	504
2. Legally Blind (excluding totally blind)	2,249
3. Severe Visual Impairment	3,096
4. Total (must agree with A3)	5,849

F. Major Cause of Visual Impairment

1. Macular Degeneration 2,152

2. Diabetic Retinopathy 513

3. Glaucoma 829

4. Cataracts 409

5. Other 1,946

6. Total (must agree with A3) 5,849

G. Other Age-Related Impairments

1. Hearing Impairment	887
2. Diabetes	1,131
3. Cardiovascular Disease and Strokes	1,132
4. Cancer	269
5. Bone, Muscle, Skin, Joint, and Movement Disorders	1,063
6. Alzheimer's Disease/Cognitive Impairment	225
7. Depression/Mood Disorder	273
8. Other Major Geriatric Concerns	1,308

H. Type of Residence

1. Private residence (house or apartment) 4,658

2. Senior Living/Retirement Community 926

3. Assisted Living Facility 148

4. Nursing Home/Long-term Care facility 79

5. Homeless 38

6. Total (must agree with A3) 5,849

I. Source of Referral

1. Eye care provider (ophthalmologist, optometrist) 1,051

2. Physician/medical provider 261

3. State VR agency 227

4. Government or Social Service Agency 304

5. Veterans Administration 61

6. Senior Center 1,062

7. Assisted Living Facility 77

8. Nursing Home/Long-term Care facility 43

9. Faith-based organization 36

10. Independent Living center 204

11. Family member or friend 906

12. Self-referral 843

13. Other	774
-----------	-----

14. Total (must agree with A3)	5,849
--------------------------------	-------

Part IV: Types of Services Provided and Resources Allocated

Provide data related to the number of older individuals who are blind receiving each type of service and resources committed to each type of service.

A. Clinical/functional vision assessments and services

	Cost	Persons Served
1a. Total Cost from VII-2 funds	359,050	
1b. Total Cost from other funds	1,644	
2. Vision screening / vision examination / low vision evaluation		807
3. Surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions		213

B. Assistive technology devices and services

	Cost	Persons Served
1a. Total Cost from VII-2 funds	897,838	
1b. Total Cost from other funds	12,327	
2. Provision of assistive technology devices and aids		2,164
3. Provision of assistive technology services		2,040

C. Independent living and adjustment training and services

	Cost	Persons Served
1a. Total Cost from VII-2 funds	2,173,592	
1b. Total Cost from other funds	1,764	
2. Orientation and Mobility training		636
3. Communication skills		1,171
4. Daily living skills		1,861
5. Supportive services (reader services, transportation, personal		1,336
6. Advocacy training and support networks		916
7. Counseling (peer, individual and group)		1,762
8. Information, referral and community integration		2,638
. Other IL services		1,642

D. Community Awareness: Events & Activities

	Cost	a. Events / Activities	b. Persons Served
1a. Total Cost from VII-2 funds	665,263		
1b. Total Cost from other funds	0		
2. Information and Referral			5,274
3. Community Awareness: Events/Activities	760		27,836

Part V: Comparison of Prior Year Activities to Current Reported Year

A. Activity

	a) Prior Year	b) Reported FY	c) Change (+ / -)
1. Program Cost (all sources)	8,479,103	5,136,741	-3,342,362
2. Number of Individuals Served	6,737	5,849	-888
3. Number of Minority Individuals Served	2,798	2,205	-593
4. Number of Community Awareness Activities	983	760	-223
5. Number of Collaborating agencies and organizations	0	0	0
6. Number of Sub-grantees	22	22	

Part VI: Program Outcomes/Performance Measures

Provide the following data for each of the performance measures below. This will assist RSA in reporting results and outcomes related to the program.

	Number of persons	Percent of persons
A1. Number of individuals receiving AT (assistive technology) services and training	2,040	100.00%
A2. Number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss. (closed/inactive cases only)	1,547	75.83%
A3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	391	19.17%
B1. Number of individuals who received orientation and mobility (O & M) services	636	100.00%
B2. Of those receiving orientation and mobility (O & M) services, the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services. (closed/inactive cases only)	468	73.58%
B3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	168	26.42%
C1. Number of individuals who received communication skills training	1,171	100.00%
C2. Of those receiving communication skills training, the number of individuals who gained or maintained their functional abilities as a result of services they received. (Closed/inactive cases only)	934	79.76%

C3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	228	19.47%
D1. Number of individuals who received daily living skills training	1,861	100.00%
D2. Number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills. (closed/inactive cases only)	1,356	72.86%
D3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	432	23.21%
E1. Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	3,980	n/a
E2. Number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	10	n/a
E3. Number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	278	n/a
E4. Number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only)	162	n/a
E5. Number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only)	46	n/a

Part VII: Training and Technical Assistance Needs

Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Title VII-Chapter 2 program in your state.

The program is implemented through sub-grant agreements with private, nonprofit community-based organizations that have expertise in providing effective services to individuals who are blind or visually impaired. Therefore, the training and/or technical needs at our level as the State agency that distributes grant monies to local provider agencies falls along the lines of ensuring consistency and accuracy of provider-supplied consumer performance data and how to disseminate best practices. DOR strives to provide training and technical assistance to the sub-grantees whenever possible through teleconferences, monitoring visits, and technical assistance requests. DOR wishes to continue receiving direction and feedback on best practices in tracking and reporting consumer services and attaining quality outcomes.

Part VIII: Narrative

A. Briefly describe the agency's method of implementation for the Title VII-Chapter 2 program (i.e. in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Please list all sub-grantees/contractors.

Implementation: The Department of Rehabilitation (DOR) provides comprehensive independent living services (ILS) to individuals age 55 years and older throughout California through its 22 sub-grantees. The sub-grant agreements are with private, nonprofit community-based organizations which have expertise in providing effective services to individuals who are blind or visually impaired. The majority of service provision is conducted in the consumer's everyday surroundings, either in their home or community. The grant is advertised statewide and open to eligible nonprofit applicants providing core ILS training in home and community settings. For purposes of providing Title VII, Chapter 2 services throughout the state, DOR has a goal of awarding at least one grant in each of the 58 counties. The 2015 grant year was the first year using the county based methodology for grant awards. On October 1, 2014, DOR instituted this new methodology to distribute OIB funding. With the exception of eight unserved counties, DOR now uses the boundaries of the remaining 50 counties of California as the geographic regions of service. Grant awards for each county are determined by a formula based on the population of persons aged 55 and older residing in the county, along with the geographic size of the county. The exception is the eight unserved counties that were designated as Capacity Building counties and given a flat rate of funding with the intent of reaching out to consumers and potential partner agencies about the OIB program and its services. Of the eight designated capacity building counties, seven counties were funded. Lastly, each agency that received OIB funds has also been given a "base funding" of \$10,000 to ensure that all sub-grantees, regardless of the number of counties they serve, would have a reasonable base of funds from which to operate. The October 1, 2016 to September 30, 2017 federal fiscal year was the third year of the grant and minor funding adjustments were made as DOR worked toward balancing out the changes that the new process required with funding by county and population. Outreach Efforts to Unserved and Underserved Populations Title VII, Chapter 2 sub-grantees are encouraged to meet the State Plan for Independent Living (SPIL) outreach challenges by utilizing methodologies that help to ensure eligible consumers are aware of services and to focus on unserved and underserved population groups. The outreach challenges of the 22 sub-grantees to identify local needs of sub-population groups within their geographic area have been met with innovative and effective strategies that included: •providing translation services for non-English speaking populations; •incorporating gender and ethnic appropriate ILS promotional information via various media: specialty publications, ethnic-specific print, television, radio and public service announcements; •conducting ILS informational training to eye care medical specialists and physicians serving targeted population groups in underserved and unserved communities to increase referrals for services; •conducting presentations at adult day health centers, health/social service organizations and homes for seniors located in unserved and underserved ethnic, linguistic, or economic communities; •providing ILS information to organizations, agencies and businesses serving target populations; •utilizing 'senior mentors' to orient and demonstrate non-visual skills to members of targeted population sub-groups living in residential facilities, attending health and disability fairs and participating in culturally-based social activities and support groups; •hiring staff and recruiting volunteers who are representative of various cultures and languages of diverse populations, to identify and respond to service barriers (i.e.,

transportation, geography, cultural sensitivity, translation services, etc.); and •distributing ILS information at faith-based organizations and establishments located in underserved and unserved diverse communities. Most notably, four of California's 22 sub-grantee agencies achieved a service record this year of having over 50% of their consumers among ethnic minorities. Eight additional agencies are serving 35 to 50% minorities. In particular, both of the agencies in Riverside, serving Riverside and San Bernardino Counties as well as one of the organizations serving San Diego and Imperial counties, Blindness Support Services, Incorporated (BSSI), Community Access Center (CAC), and Access to Independence (A2I) respectively, are making concerted efforts to reach the Hispanic population of the diverse Inland Empire and San Diego/Imperial Valley area. Further, one agency in the Central Valley, Independent Living Center of Kern County, excelled at serving a wide range of underserved ethnic groups in their part of central California. Of all consumers served during the FFY 2016-17, sub-grantees averaged serving 37.7% ethnic minority consumers. This is a slight decrease, but fairly consistent service provision to minority populations continues statewide, from 41.5% from the prior reporting year. One reason for The sub-grantees' ability to consistently serve underserved/unserved populations is supported by the employment of 69 staff members who are representative of California's diverse ethnic and language population groups. Below is a list of the OIB partner organizations as well as a breakdown of the diversity of the consumers served by sub-grantee agency including agency location and counties served: FFY 2016-17 Access to Independence 75.6% San Diego Imperial, San Diego Blind and Visually Impaired Center of Monterey County 25.6% Monterey Monterey Blindness Support Services 64.0%Riverside Riverside, San Bernardino Center for the Partially Sighted 47.5% Culver City Los Angeles, San Luis Obispo, Santa Barbara Ventura Community Access Center 78.8% Riverside Riverside Center for the Blind and Visually Impaired 37.8% Bakersfield Kern Community Center for the Blind and Visually Impaired 36.6% Stockton San Joaquin Center of Vision Enhancement 37.3% Merced Mariposa, Merced Dayle McIntosh Center for the Disabled 39.6% Garden Grove Los Angeles, Orange Earle Baum Center 5.2% Santa Rosa Sonoma, Napa, Lake, Mendocino FREED Independent Living Center 8.5% Grass Valley Nevada, Sutter, Yuba Disability Action Center 6.4% Chico Redding Butte, Colusa, Glenn, Lassen, Modoc, Shasta, Siskiyou, Tehama, Plumas Independent Living Center of Kern County 55.1% Bakersfield Kern Independent Living Resource Center 24.3% Santa Barbara San Luis Obispo, Santa Barbara, Ventura LightHouse for the Blind 43.8% Alameda, Del Norte, Humboldt, Marin, San Francisco Marin, San Francisco, Humboldt, Del Norte, Alameda Lions Center for the Blind - Diablo Valley 49.2% Pittsburg Contra Costa, Solano San Diego Center for the Blind 25.9% San Diego San Diego Santa Clara Valley Blind Center 32.6% San Jose Santa Clara Society for the Blind 21.9% Sacramento Alpine, Amador, Calaveras, Mono, Sierra, Sacramento, El Dorado, Placer, San Joaquin, Solano, Stanislaus, Trinity, Yolo Valley Center for the Blind 42.5% Fresno Fresno, Madera, Tulare, Kings Vision Impaired Persons Support 24.4% Modesto Tuolumne, Stanislaus Vista Center for the Blind and Visually Impaired 33.9% Palo Alto Santa Clara, San Benito, San Mateo, Santa Cruz A notable number in the consumer demographics is that of the number of OIB consumers over the age of 100. Last year the sub-grantees reported serving 26 consumers over the age of 100, and this year the number increased to 44. This is very notable as the total number of consumers served decreased by 888. The 95-99 age range also had an increase in number of consumers served (5 more).

B. Briefly describe any activities designed to expand or improve services including collaborative activities or community awareness; and efforts to incorporate new methods and approaches developed by the program into the State Plan for Independent Living (SPIL) under Section 704.

Collaborative Activities: All of the 22 sub-grantees have collaborative relationships with other organizations in their respective communities. The following quotes are a sampling of unedited narratives submitted by California's OIB sub-grantees to describe some of the ways in which they use collaboration to further reach out into their communities. These narratives give a good representation of many of the collaborative efforts that have been employed across the State in many communities. A2I: During the 4th quarter we conducted 16 off-site outreaches to increase community awareness. A sample of the outreach includes.... outreached to the Braille Institute, attended the Aging and Independence Educational Activity, IHSS providers, the Imperial Valley Blind Center and local eye care clinics. EBC: The EBC remains and continues to be very active in facilitating classes, support groups, and individual services throughout the counties of Sonoma, Napa, Lake and Mendocino while at the same time performing community outreach to various other organizations that could potentially be beneficial to our establishment and projected growth through informational presentations, senior health and information fairs, and walkabouts. Since March 2017, we have established an Introduction to Vision Loss class in Sonoma and Santa Rosa, a Living with Vision Loss class in Santa Rosa, and an assistive technology users Group in Santa Rosa. We have maintained our existing extension of our various support groups and classes throughout Sonoma, Napa, Lake, and Mendocino counties. While at the same time, we focused our attention on customizing our clients' individual needs through independent living skills, orientation & mobility, and assistive technology training sessions for improvement in reaching their ultimate goal of independence. Also, we have performed community awareness through various information presentations on-site and off-site, technology expositions, and guest speaking engagements. Several scheduled tours of our facility for many individuals, groups, schools, and senior residential centers have taken place for others to come and learn about the many products and/or training programs and services that we have to offer. We continue to work closely with various senior centers and other organizations to educate and bring awareness about our available classes and support groups offering literature on disorders of the eyes, causes, and solutions. We strive to continue our efforts that expand community awareness through eye care professional presentations, local optometrists, ophthalmologists, health facilities, radio stations, TV interviews, newspapers, and universities by way of information packets, brochures as well as creating a referral process for their clients to attend our various groups and classes. Lastly, we mail out on a quarterly basis our newsletters to our current clients, former clients, doctor's offices, current and prior donors, and interested parties. SCVBC: Being the only full-service blind center in the South Bay, SCVBC realizes the importance of community outreach to educate the public on services available for the blind and visually impaired senior. SCVBC attended nine events in this fiscal year, reaching over 4500 people, the majority of those in attendance were seniors. SCVBC staff presented at several community centers in Santa Clara County that focus on the senior population of 55 and above. Community Awareness All of the 22 sub-grantees participate in community awareness events in their respective communities. The following quotes are a selection of unedited narratives submitted by California's OIB sub-grantees which describe some of the diverse ways they share and bring awareness to their community about the services available to and the unique needs of seniors who are blind or visually impaired. ILRC: The outreach to the Spanish speaking churches helps bring in more culturally diverse population into the program. Continued outreach to the churches

and Latino/Hispanic and Asian populations will continue in the future. We are in the process of adding low vision and orientation and mobility contractors. We were able to leverage AT device donations through our contractor and the Braille as well as loans through the statewide lending library by working collaboratively with community partners. Networking and participating in a variety of community activities such as ADRC meetings helps promote our OIB program.

SDCB: The Center regularly employs a variety of methods to collaborate and expand services to those in need in San Diego. One standard method is incorporated into our regular programming. Speakers from a variety of community services are brought in as part of the Resource Information for the Blind class. This class helps to inform our clients of the resources available to them as well as introducing those agencies to our clients this facilitating that connection. The Staff speak as often as possible to the general public regarding the loss of vision and services available through Title 7 Chapter 2. The Center held several Family Seminars for the family and significant others of our OIB clients to educate them and provide a grouped counseling experience. The SD Center for the Blind was given the opportunity to present to the San Diego area Ophthalmic Tech's at the Eye Bank to make them aware of OIB services. A two-hour in-service training was provided to the Nursing Students at Palomar College to educate them on how to effectively work with blind patients and the availability of OIB services. Another two-hour in-service training was provided to the students of the Design Institute on how to use Universal Design and ADA to meet the needs of seniors experiencing loss of vision. Two Staff Members are members of the Fall Prevention Task force, one Staff Member is a representative for the East County Senior Service Providers, another is on the Voter Registrar's Advisory Committee on Disabilities and another is on the Mayor's Committee on Disability for the City of San Diego. The Center has continued its relationship with Alliant University and San Diego State University by providing placement for social work, rehabilitation counseling, pre-doc and post-doc interns. Many of these interns have pursued careers in the field of vision rehabilitation following their intern experience at the Center. The DOR continues to provide technical assistance and consultation to sub-grantees on strategic planning of delivery of comprehensive ILS.

C. Briefly summarize results from any of the most recent evaluations or satisfaction surveys conducted for your program and attach a copy of applicable reports.

Sub-grantee agencies report quarterly on program outcomes. The evaluation of the reporting requirements for OIB is an in-house program evaluation activity. Careful documentation of service provision and consumer outcomes helps measure performance and effectiveness, and identifies technical assistance needs. Furthermore, the evaluations augment accountability, strengthens quality assurance, and identifies where program policy revisions are needed. The evaluation process includes all components of the data collection requirements established by RSA. When monitoring programs, DOR focusses significant time on reviewing services, methods of service delivery, successful outcomes, and consumer satisfaction. Overall, the OIB partner organizations report a high percentage of consumers who are very satisfied and that consumers feel more independent as a result of the services they received. Ongoing monitoring will continue to promote accurate documentation of outcomes and follow-up with consumers to ensure consumers are completing services and meeting goals.

D. Briefly describe the impact of the Title VII-Chapter 2 program, citing examples from individual cases (without identifying information) in which services contributed significantly to increasing independence and quality of life for the individual(s).

Below are a few examples of sub-grantees' narrative reports, slightly edited for brevity, on their consumers.

A2I: Mr. X had been residing at a local Skilled Nursing facility and needed assistance in obtaining a variety of services. Through the OIB program we assisted him in obtaining low vision technology that he needed to remain safely in his home. Some items that MR. X received training from staff on were a talking alarm clock, voice recorder, a magnifier, a larry light and a flame retardant oven mitt. Staff went through the functions of each of the AT devices for a few weeks while Mr. X practiced using them independently at home. Mr. X is now enrolled in our basic computer class and now learning how to use the computer. He comes in weekly to practice using the computer. He has learned how to open an e-mail account and navigate the internet. Per Mr. X, "I am very grateful that Access to Independence helped me get the help I needed."

DAC: An 86 year old female with AMD came into the office for vision help. She plays the organ for her church and could not see the music, with the special detail glasses she received she is now able to continue playing the organ for church. A 99 year old male with AMD could not read his own mail or menus that he gets at the independent living facility where he resides. Now that he has a CCTV he can do that on his own, rather than relying on staff to assist him.

EBC: The client is feeling very good about her independence. Despite her vision loss she stays busy with projects and exercise. The thing that her vision stops her from doing is driving, which means she needs a ride to visit her brother in San Francisco, and anywhere else she would like to travel to. From Napa this is a problem. We discussed how to get help from her husband without feeling stressed for this long distance transportation need. The client informed the instructor that she was nervous about getting to an appointment near her house the following day because she was afraid that she would get lost. They discussed the route and the instructor had the client show her how to get to her destination. The instructor noted what the client had trouble with and introduced her to an alternative route. Additionally, the instructor showed the client how to use Blindsquare to pin the location to help her know what she is near in the future. They then tried the route successfully a few more times. Furthermore, the client and the instructor practiced the route to the pharmacy but it was found that the client was able to do it successfully and without help needed. The client was then able to reverse her route back home.

LightHouse: CU is a 56 year old man who is functionally blind due to advanced glaucoma. He was originally referred to the LightHouse by the San Rafael Police as he was at risk to himself on the streets due to his blindness. For over ten years he was homeless and lived in shelters or on the streets, suffering vertigo, neuropathy of hands and feet, memory loss, and other medical concerns. At the time of referral, CU was offered training if he could show up sober and clean, unable to do this, CU returned to the Lighthouse over a year later and had gone through substance abuse rehabilitation and was now living in a supported system and ready for training. Same expectations applied, he had to be sober/non using for training and he has been compliant and motivated for almost 9 months now. Lacking self-confidence and reliant on his caregiver for transportation and sighted guide, C.U. came to the LightHouse with no independent travel skills. He was unable to locate a seat in front of him, a door, and afraid to travel by himself. C.U.'s O&M training program consisted of learning long cane basics, search patterns, new room familiarization, mental mapping, and route practice. In June, CU attended Changing Vision Changing Life in Napa where he met others who were highly motivated and independent, which provided him the ground work to engage and think forward more independently. Since his participation in CVCL he has received additional O&M training, learning multiple routes in which his confidence continues to grow: two routes inside our office building and routes to his apartment complex's pool and gym. The latter routes allow C.U. the confidence and freedom to

exit his apartment when he wants, for as long as he wants, simultaneously providing physical exercise that further builds upon his self-confidence and overall fitness. He has also purchased a Victor Reader Stream and received training. Most importantly CU has continued developing the friendships he started during the CVCL Immersion program and with the ongoing O&M training CU continues to evolve as a blind traveler navigating this world, independently.

E. Finally, note any problematic areas or concerns related to implementing the Title VII-Chapter 2 program in your state.

DOR sees very few reports of issues from the sub-grantees. The issues tend to be general in nature and are often common to all sub-grantees across the State. At the end of this reporting year, DOR had a second sub-grantee close, bringing the total of programs closed during this 3-year grant cycle to two. A contributing factor for these closures is due to insufficient operating funds and fundraising; ongoing cash reserves which continue to be a challenge for DOR's non-profit partners and many of the programs having small budgets with small cash reserves. A challenge that was mentioned by sub-grantees is the change to the new funding model in California. As described previously, California began funding based on County regions and population. Some of the long-term grantees had received significantly larger dollar awards than they now qualify for. As they adjust to new, lower funding levels they also are trying to maintain the same levels of service in their communities. Some of the grantees specifically mentioned seeking additional funding to supplement their OIB programs as the decreased funding levels are not adequate to meet the demand for their programs and services. Of the 22 sub-grant agencies receiving OIB funding, many did not report problems or concerns. An interesting report from one of the sub-grantees appeared this year on an annual report. From FREED, a challenge and practical solution to overcome that challenge: The main challenge in providing OIB services is often that when one of our OIB Specialists offers some skills training to a consumer they are convinced that a new method of completing their daily tasks will not work. One method we use to get consumers to explore these new ideas/skills is to ask them to do an experiment. For example, we had a consumer who was an avid cook, but her lack of depth perception was causing quite a few spills in the kitchen. Our OIB specialist demonstrated non-visual methods for pouring and other general cooking tasks, that the consumer was sure would not work. The OIB Specialist asked her to "experiment" by trying it both ways. On follow up, the consumer reported she decided to chop some veggies. She chopped them onto a cutting board, then tried to pour it into a pot. She looked at the pot, picked up the cutting board and, depending solely on her vision proceeded to pour the veggies all over the place. The mess, as she described it, was impressive indeed. Then, she decided to peel some potatoes. She peeled them and, having gathered the peels onto a cutting board, closed her eyes and, using her sense of touch, poured them flawlessly into the garbage. Telling the story she exclaimed: "I didn't spill anything!" The reduced funding available to many of the long-standing partners as well as the closure of 2 programs also contributed to a reduction in the number of consumers served in the FFY 2016/17. It should be noted that dollar amounts listed in Part I. are higher than what DOR actually spent on expenditures to programs. The Part I. portion of the report does not provide a line to report unspent funds, so that the direct service total will agree with the funding available. This results in the direct service totals being higher than they should be since the remaining balance of funds will be carried to the next grant year until it has been expended.

Part IX: Signature

Please sign and print the name, title and telephone number of the IL-OIB Program Director below.

I certify that the data herein reported are statistically accurate to the best of my knowledge.

Signed by Joe Xavier

Title Director, California Department of Rehabilitation

Telephone 916-558-5800

Date signed 12/29/2017

Instructions

Introduction

The revised ED RSA-7-OB form incorporates revisions to the four established performance measures for the Independent Living Services for Older Individuals who are Blind (IL-OIB) program. Added in 2007, these measures aim to better reflect the program's impact on individual consumers and the community.

Added to capture information that may be required to meet GPRA guidelines, the performance measures can be found under Part VI: Program Outcomes/Performance Measures as follows:

Measure 1.1

Of individuals who received AT (assistive technology) services and training, the percentage who regained or improved functional abilities previously lost as a result of vision loss.

Measure 1.2

Of individuals who received orientation and mobility (O & M) services, the percentage who experienced functional gains or maintained their ability to travel safely and independently in their home and/or community environment.

Measure 1.3

Of individuals who received services or training in alternative non-visual or low vision techniques, the percentage that experienced functional gains or were able to successfully restore

and maintain their functional ability to engage in their customary life activities within their home environment and community.

Measure 1.4

Of the total individuals served, the percentage that reported that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services.

Revisions to these established program performance measures consists of the following additional five items:

E1. Enter the Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only)

E2. Enter the number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only)

E3. Enter the number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only)

E4. Enter the number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only)

E5. Enter the number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only)

Submittal Instructions

OIB grantees are expected to complete and submit the 7-OB Report online through RSA's website (<https://rsa.ed.gov>), unless RSA is notified of pertinent circumstances that may impede the online submission.

To register with RSA's MIS, please go to <https://rsa.ed.gov> and click on *Info for new users*. The link provides instructions for obtaining an agency-specific username and password. Further instructions for completing and submitting the 7-OB Report online will be provided upon completion of the registration process.

OIB grantees submitting the 7-OB Report online are not required to mail signed copies of the 7-OB Report to RSA, but they must certify in the MIS that the signed and dated 7-OB Report and lobbying certification forms are retained on file.

The Report submittal deadline is no later than December 31 of the reporting year.

Part I: Funding Sources for Expenditures And Encumbrances — Instructions

Please note: Total expenditures and encumbrances for direct program services in Part I (C) must equal the total funds spent on service in Part IV. Part I C must equal the sum of Part IV A1+B1+C1+D1.

- TITLE VII-CHAPTER 2 FEDERAL GRANT AWARD FOR REPORTED FISCAL YEAR - Enter the total amount of your Title VII-Chapter 2 Grant Award for the reported Federal Fiscal Year (FY).
- OTHER FEDERAL GRANT AWARD FOR REPORTED FISCAL YEAR - Enter the total amount of any other federal grant award you received for the reported fiscal year
- TITLE VII-CHAPTER 2 CARRYOVER FROM PREVIOUS YEAR - Enter any chapter 2 grant carryover amount from the previous FY that was expended or encumbered in the reported FY.
- OTHER FEDERAL GRANT CARRYOVER FROM PREVIOUS YEAR - Enter any other federal grant carryover amount from the previous FY that was expended or encumbered in the reported FY from previous year

A. Funding Sources for Expenditures and encumbrances in reported fy

A1. Enter the total amount of Title VII-Chapter 2 funds *expended or encumbered* during the reported FY. Include expenditures or encumbrances made from both carryover funds from the previous FY and from the reported FY grant funds.

A2. Enter the total of any other federal funds *expended or encumbered* in the Title VII-Chapter 2 program during the reported FY. Designate the funding sources and amounts in (a) through (e).

A3. Enter the total amount of state funds *expended or encumbered* in the Title VII - Chapter 2 program. Do not include in-kind contributions (e.g., documented value of services, materials, equipment, buildings or office space, or land).

A4. Enter the total amount of third party contributions including local and community funding, non-profit or for-profit agency funding, etc. Do not include in-kind contributions (e.g., documented value of services, materials, equipment, buildings or office space, or land).

A5. Enter the total amount of in-kind contributions from non-federal sources. Include value of property or services that benefit the Title VII-Chapter 2 program (e.g. the fairly evaluated documented value of services, materials, equipment, buildings or office space or land).

A6. Enter the total matching funds (A3 + A4 + A5). *Reminder:* The required non-federal match for the Title VII-Chapter 2 program is not less than \$1 for each \$9 of federal funds provided in the Title VII-Chapter 2 grant. Funds derived from or provided by the federal government, or services assisted or subsidized to any significant extent by the federal government, may not be included in determining the amount of non-federal contributions.

A7. Enter the total amount of all funds expended and encumbered (A1 + A2 + A6) during the reported fiscal year.

B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs

Enter the total amount of expenditures and encumbrances allocated to administrative, support staff, and general overhead costs. Do not include costs for direct services provided by agency staff or the costs of contract or sub-grantee staff that provide direct services under contracts or sub-grants. If an administrator spends a portion of his or her time providing administrative services and the remainder providing direct services, include only the expenditures for administrative services.

C. Total expenditures and encumbrances for direct program services

Enter the total amount of expenditures and encumbrances for direct program services by subtracting line B from line A7.

Part II: Staffing — Instructions

Base all FTE calculations upon a full-time 40-hour workweek or 2080 hours per year. Record all FTE assigned to the Title VII-Chapter 2 program irrespective of whether salary is paid with Title VII-Chapter 2 funds.

A. Full-time Equivalent (FTE) Program Staff

A1. Under the “Administrative & Support” column (A1a), enter the full-time equivalent (FTE) of all administrative and support staff (e.g. management, program directors, supervisors, readers, drivers for staff, etc.) assigned to the Title VII-Chapter 2 program from the State agency. (For example, if 20% or 8 hours per week of a staff person’s time were spent on administrative and support functions related to this program, the FTE for that staff person would be .2). Under the “Direct Services” column (A1b), enter the FTE of all direct service staff (e.g. rehabilitation teacher, IL specialist, orientation and mobility specialist, social worker, drivers for individuals receiving services, etc.) assigned to the Title VII-Chapter 2 program from the State agency. If administrative or support staff of the State agency also provide direct services, report the FTE devoted to direct services in the “Direct Services” column (A1b). (For example, if 80% of a staff person’s time were spent in providing direct services, the FTE for that person would be .8). Finally, add across the “Administrative & Support” FTE (A1a) and “Direct Service” FTE (A1b) to enter the total State agency FTE in the TOTAL (A1c) column.

A2. Under the “Administrative & Support” column (A2a), enter the full-time equivalent (FTE) of all administrative and support staff (e.g. management, program directors, supervisors, readers, drivers for staff, etc.) assigned to the Title VII-Chapter 2 program from contractors or sub-grantees. Under the “Direct Services” column (A2b), enter the FTE of all direct service staff (e.g. rehabilitation teacher, IL specialist, orientation and mobility specialist, social worker, driver for individuals receiving services, etc.) assigned to the Title VII-Chapter 2 program from contractors and sub-grantees. If administrative staff of the contractors or sub-grantees also provides direct services, report the FTE devoted to direct services in the “Direct Services” column (A2b). Finally, add across the “Administrative & Support” FTE (A2a) and “Direct Service” FTE (A2b) to enter the total contractor or sub-grantee FTE in the TOTAL (A2c) column.

A3. Add each column for A1 and A2 and record totals on line A3.

B. Employed or advanced in employment

B1. Enter the total number of employees (agency and contractor/sub-grantee staff) with disabilities (include blind and visually impaired not 55 or older), including blindness or visual impairment, in B1a. Enter the FTE of employees with disabilities in B1b. (To calculate B1b, add the total number of hours worked by all employees with disabilities and divide by 2080 to arrive at the FTE)

B2. Enter the total number of employees (agency and contractor/sub-grantee staff) who are blind or visually impaired *and* age 55 and older in B2a. Enter the FTE of employees who are blind or visually impaired *and* age 55 or older in B2b. (To calculate B2b, add the total number of hours

worked by employees who are blind or visually impaired *and* age 55 and older and divide by 2080 to arrive at the FTE)

B3. Enter the total number of employees (agency and contractor/sub-grantee staff) who are members of racial/ethnic minorities in B3a. Enter the FTE of employees who are members of racial/ethnic minorities in B3b. (To calculate B3b, add the total number of hours worked by employees who are members of racial/ethnic minorities and divide by 2080 to arrive at the FTE)

B4. Enter the total number of employees (agency and contractor/sub-grantee staff) who are women in B4a. Enter the FTE of employees who are women in B4b. (To calculate B4b, add the total number of hours worked by women and divide by 2080 to arrive at the FTE)

B5. Enter the total number of employees (agency and contractor/sub-grantee staff) who are ages 55 and older, but not blind or visually impaired, in B5a. Enter the FTE of employees who are ages 55 and older, but not blind or visually impaired, in B5b. (To calculate B5b, add the total number of hours worked by employees who are ages 55 and older, but not blind or visually impaired, and divide by 2080 to arrive at the FTE)

C. Volunteers

C1. Enter the FTE of program volunteers in C1. (To calculate C1, add the total number of hours worked by all program volunteers and divide by 2080 to arrive at the FTE).

Part III: Data on Individuals Served — Instructions

Provide data in all categories on program participants who received one or more services during the fiscal year being reported.

A. Individuals Served

A1. Enter the number of program participants carried over from the previous federal fiscal year who received services in this reported FY (e.g. someone received services in September (or any other month) of the previous FY and continued to receive additional services in the reported FY).

A2. Enter the number of program participants who began receiving services during the reported fiscal year irrespective of whether they have completed all services.

A3. Enter the total number served during the reported fiscal year ($A1 + A2$).

B. Age

B1-B10. Enter the total number of program participants served in each respective age category.

B11. Enter the sum of B1 through B10. This must agree with A3.

C. Gender

C1. Enter the total number of females receiving services.

C2. Enter the total number of males receiving services.

C3. Enter the sum of C1 and C2. This must agree with A3.

D. Race/Ethnicity

Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

D1. Enter the number of individuals served who are Hispanic/Latino of any race or Hispanic/Latino only. Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

D2. Enter the number of individuals served who are American Indian or Alaska Native. American Indian or Alaska Native means a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

D3. Enter the number of individuals served who are Asian. Asian means a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

D4. Enter the number of individuals served who are Black or African American. Black or African American means a person having origins in any of the black racial groups of Africa. Terms such as “Haitian” may be used.

D5. Enter the number of individuals served who are Native Hawaiian or Other Pacific Islander. Native Hawaiian or Other Pacific Islander means a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

D6. Enter the number of individuals served who are White or Caucasian. White means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

D7. Enter the number of individuals served who report two or more races but who are not Hispanic/Latino of any race.

D8. Enter “race and ethnicity unknown” only if the consumer refuses to identify race and ethnicity.

D9. Enter the total of D1 through D8. This number must agree with A3.

E. Degree of Visual Impairment

E1. Enter the number of individuals served who are totally blind (e.g. have light perception only or no light perception).

E2. Enter the number of individuals served who are legally blind (excluding those recorded in E1).

E3. Enter the number of individuals served who have severe visual impairment.

E4. Add E1 + E2 + E3 and enter the total. This number must agree with A3.

F. Major Cause of Visual Impairment

(Please note that the primary site for the definitions of diseases is <http://www.nia.nih.gov/AboutNIA/StrategicPlan/ResearchGoalA/Subgoal1.htm>.)

Enter only one major cause of visual impairment for each individual served.

F1. Enter the number of individuals served who have macular degeneration as the major cause of visual impairment. Age-related macular degeneration (AMD) is a progressive disease of the retina wherein the light-sensing cells in the central area of vision (the macula) stop working and eventually die. The cause of the disease is thought to be a combination of genetic and environmental factors, and

It is most common in people who are age 60 and over. AMD is the leading cause of legal blindness in senior citizens.

F2. Enter the number of individuals served who have diabetic retinopathy as the major cause of visual impairment. Diabetic retinopathy is the leading cause of new cases of legal blindness among working-age Americans and is caused by damage to the small blood vessels in the retina. It is believed that poorly controlled blood sugar levels are related to its progression. Most persons with diabetes have non-insulin-dependent diabetes mellitus (NIDDM) or what is commonly called "adult-onset" or Type II diabetes, and control their blood sugar with oral medications or diet alone. Others have insulin-dependent diabetes mellitus (IDDM), also called "younger or juvenile-onset" or Type I diabetes, and must use insulin injections daily to regulate their blood sugar levels.

F3. Enter the number of individuals served who have glaucoma as the major cause of visual impairment. Glaucoma is a group of eye diseases causing optic nerve damage that involves mechanical compression or decreased blood flow. It is permanent and is a leading cause of blindness in the world, especially in older people.

F4. Enter the number of individuals served who have cataracts as the major cause of visual impairment. A cataract is a clouding of the natural lens of the eye resulting in blurred vision, sensitivity to light and glare, distortion, and dimming of colors. Cataracts are usually a natural aging process in the eye (although they may be congenital) and may be caused or accelerated by other diseases such as glaucoma and diabetes.

F5. Enter the number of individuals served who have any other major cause of visual impairment.

F6. Enter the sum of F1 through F5. This number must agree with A3.

G. Other Age-Related Impairments

Enter the total number of individuals served in each category. Individuals may report one or more non-visual impairments/conditions. The National Institute on Aging (NIA) Strategic Plan identifies age-related diseases, disorders, and disability including the following categories.

G1. Hearing Impairment: Presbycusis is the gradual hearing loss that occurs with aging. An estimated one-third of Americans over 60 and one-half of those over 85 have some degree of hearing loss. Hearing impairment occurs when there is a problem with or damage to one or more parts of the ear, and may be a conductive hearing loss (outer or middle ear) or a sensorineural hearing loss (inner ear) or a combination. The degree of hearing impairment can vary widely from person to person. Some people have partial hearing loss, meaning that the

Ear can pick up some sounds; others have complete hearing loss, meaning that the ear cannot hear at all. One or both ears may be affected, and the impairment may be worse in one ear than in the other.

G2. Diabetes: Diabetes is a disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. Type 2 diabetes, which results from insulin resistance and abnormal insulin action, is most prevalent in the older population. Diabetes complications, such as heart disease and loss of sight, increase dramatically when blood sugar is poorly controlled and often develop before diabetes is diagnosed.

G3. Cardiovascular Disease and Strokes: Diseases of the heart and blood vessels are the leading cause of hospitalization and death in older Americans. Congestive heart failure is the most common diagnosis in hospitalized patients aged 65 and older.

G4. Cancer: The second leading cause of death among the elderly is cancer, with individuals age 65 and over accounting for 70 percent of cancer mortality in the United States. Breast, prostate, and colon cancers, are common in older people.

G5. Bone, Muscle, Skin, Joint, and Movement Disorders: Osteoporosis (loss of mass and quality of bones), osteoarthritis (inflammation and deterioration of joints), and sarcopenia (age-related loss of skeletal muscle mass and strength) contribute to frailty and injury in millions of older people. Also contributing to loss of mobility and independence are changes in the central nervous system that control movement. Cells may die or become dysfunctional with age, as in Parkinson's disease. Therefore, older people may have difficulty with gross motor behavior, such as moving around in the environment, or with fine motor skills, such as writing.

G6. Alzheimer's Disease/Cognitive Impairment: Alzheimer's disease is the most common type of dementia (a brain disorder that significantly affects an individual's ability to carry out daily life activities) in older people. It and other cognitive impairments impact parts of the brain that control thought, memory, and language.

G7. Depression is widespread, often undiagnosed, and often under-treated in the elderly. It is believed to affect more than 6.5 million of the 35 million Americans who are 65 or older. Depression is closely associated with dependency and disability. Symptoms may include: loss of interest in normally pleasurable activities, persistent, vague or unexplained somatic complaints, memory complaints, change in weight, sleeping disorder, irritability or demanding behavior, lack of attention to personal care, difficulty with concentration, social withdrawal, change in appetite, confusion, delusions or hallucinations, feeling of worthlessness or hopelessness, and thought about suicide.

G8. Other Major Geriatric Concerns: Several conditions can compromise independence and quality of life in older persons including weakness and falls, urinary incontinence, benign prostatic hyperplasia, and co morbidity (co morbidity describes the effect of all other diseases an individual might have on the primary disease).

H. Type of Residence

H1. Enter the number of individuals served who live in private residence (house or apartment unrelated to senior living).

H2. Enter the number of Individuals served who live in senior living/retirement community (e.g. housing designed for those age 55 and older).

H3. Enter the number of individuals served who live in assisted living facility (e.g. housing that provides personal care and services which meet needs beyond basic provision of food, shelter and laundry).

H4. Enter the number of individuals served who live in nursing homes/long-term care facility (e.g. any facility that provides care to one or more persons who require nursing care and related medical services of such complexity to require professional nursing care under the direction of a physician on a 24 hour a day basis).

H5. Enter the number of individuals served who are homeless

H6. Enter the sum of H1, H2, H3, H4 and H5. This number must agree with A3.

I. Source of Referral

I1. Enter the number of individuals served referred by an ophthalmologist or optometrist.

I2. Enter the number of individuals served referred by a medical provider other than an ophthalmologist or optometrist.

I3. Enter the number of individuals served referred by a state vocational rehabilitation agency.

I4. Enter the number of individuals served referred by a government or social services agency defined as a public or private agency which provides assistance to consumers related to eligibility and securing entitlements and benefits, counseling, elder law services, assistance with housing, etc.

I5. Enter the number of individuals served referred by the Veterans Administration

I6. Enter the number of individuals served referred by a senior program defined as a community-based educational, recreational, or socialization program operated by a senior center, nutrition site, or senior club.

I7. Enter the number of individuals served referred by an assisted living facility defined as housing that provides personal care and services which meet needs beyond basic provision of food, shelter and laundry.

I8. Enter the number of individuals served referred by a nursing home/long-term care facility defined as any facility that provides care to one or more persons who require nursing care and related medical services of such complexity to require professional nursing care under the direction of a physician on a 24 hour a day basis.

I9. Enter the number of individuals served referred by a faith-based (religious affiliated) organization.

I10. Enter the number of individuals served referred by an independent living center (ILC) defined as a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities, and provides an array of independent living services.

I11. Enter the number of individuals referred by a family member or friend.

I12. Enter the number of individuals who were self-referred.

I13. Enter the number of individuals referred from all other sources aside from those listed above.

I14. Enter the sum of I1, I2, I3, I4, I5, I6, I7, I8, I9, I10, I11, I12, and I13. This number must agree with A3

Part IV: Types of Services Provided and Resources Allocated — Instructions

Please note: Total expenditures and encumbrances for direct program services in Part I C must equal the total funds spent on services in Part IV. Part I C must equal the sum of Part IV A1+B1+C1+D1.

In addition, salary or costs associated with direct service staff or contractors providing direct services should be included in the cost of services provided in A, B, C, and D.

A. Clinical / Functional Vision Assessments and Services

A1. Enter the total cost from Title VII-Chapter 2 federal grant funds (A1a) and the total cost from all other sources of program funding (A1b) for clinical and/or functional vision assessments and services, whether purchased or provided directly.

A2. Enter the total number of program participants who received clinical vision screening or vision examinations from qualified or certified professionals such as ophthalmologists or optometrists, and who received functional vision assessments or low vision evaluations to identify strategies for enhancing visual performance both without and with optical and low vision devices and equipment. Assessment areas may include functional visual acuity and fields, efficiency of vision in the performance of everyday tasks, and evaluation for low vision aids or equipment. These assessments are typically provided by skilled professionals or those who are certified or have a master's degree in low vision rehabilitation. Do not include evaluations for orientation and mobility. These should be included in C3.

A3. Enter the total number of program participants who received surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions; and, hospitalizations related to such services. Include *prescription* optics in this service category. Nonprescription optics should be reported in B2.

B. Assistive Technology Devices, Aids, Services and Training

B1. Enter the total cost from Title VII-Chapter 2 federal grant funds (B1a) and the total cost from all other sources of program funding (B1b) for the provision of assistive technology devices, aids, services and training.

B2. Enter the total number of program participants who received one or more assistive technology devices and aids. As defined in Section 3(4) of the Assistive Technology Act of 2004 (Pub. L. 108-364), "assistive technology device means any item, piece of equipment, or product system whether acquired commercially, modified, or customized that is used to increase, maintain, or improve functional capabilities of individuals with disabilities." Assistive technology devices may include such items as canes, slates, insulin gauges, CCTVs, computers, adaptive software, magnifiers, adaptive cooking items, adaptive recreational items, handwriting guides, Brailers, large button telephones, etc.

B3. Enter the total number of program participants who received one or more assistive technology services and training. As defined in Section 3(5) of the Assistive Technology Act of 2004 (PL 108-364), “assistive technology service means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device.” Services may include the evaluation of assistive technology needs of an individual, services related to acquisition of technology, costs of loan programs, maintenance and repair of assistive technology, training or technical assistance for the individual or professionals related to the use of assistive technology, programs to expand the availability of assistive technology, low vision therapy services related to the use of optical aids and devices, and other services related to the selection, acquisition, or use of an assistive technology device.

C. Independent Living and Adjustment Training and Services

C1. Enter the total cost from Title VII-Chapter 2 federal grant funds (C1a) and the total cost from all other sources of program funding (C1b) for the provision of services and adjustment training leading to independent living. Evaluation and assessment services (excluding those included in A2 or B3) leading to the planning and implementation of services and training should be included in these costs.

C2. Enter the total number of individuals who received orientation and mobility (O & M) services or travel training (i.e. learning to access public or private transportation and to travel safely and as independently as possible in the home and community with or without the use of mobility aids and devices).

C3. Enter the total number of individuals who received communication skills training (e.g. reading and writing Braille, keyboarding and computer literacy, computer skills training, using the telephone, handwriting guides, telling time, using readers, use of audio and tactile technologies for home, recreational or educational use; etc.). Training in the use of newspaper reading services and radio services should be included.

C4. Enter the total number of individuals who received personal management and daily living skills training (e.g. training in the use of adaptive aids and assistive technology devices for personal management and daily living, blindness and low vision alternative techniques for food preparation, grooming and dress, household chores, medical management, shopping, recreational activities, etc.)

C5. Enter the total number of individuals who received supportive services (e.g. reader services, transportation, personal attendant services, support service providers, interpreters, etc.) while actively participating in the program or attaining independent living goals.

C6. Enter the total number of program participants who participated in advocacy training or support network activities such as consumer organization meetings, peer support groups, etc.

C7. Enter the total number of individuals who received counseling (peer, individual or group) to assist them in adjusting to visual impairment and blindness.

C8. Enter the total number of program participants that received information and referral to other service providers, programs, and agencies (e.g. senior programs, public and private social service programs, faith-based organizations, consumer groups, etc.) to enhance adjustment, independent living, and integration into the community. Do not include individuals who received *only* information and referral and for whom no other services were provided.

C9. Enter the total number of individuals served who were provided any other service not listed above.

D. Community Awareness Activities / Information and Referral

D1. Enter the total cost from Title VII-Chapter 2 federal grant funds (D1a) and the total cost from all other sources of program funding (D1b) for providing information and referral services and community awareness activities/events to individuals for whom this was the only service provided (i.e. training for other professionals, telephone inquiries, general inquiries, etc.).

D2. Enter the number of individuals receiving information and referral services for whom this is the only service provided. (optional)

D3. Enter the number of community awareness events/activities in which the Chapter 2 program participated during the reported year (D3a) and the number or estimated number of individuals who benefited from these activities (D3b).

Part V: Comparison of Prior Year Activities to Current Reported Year — Instructions

A1. Program Expenditures and Encumbrances (all sources) Enter the total cost of the program for the prior fiscal year (A1a), and the fiscal year being reported (A1b). The total cost of the program can be found in Part I A7. Calculate the change (plus or minus) from the prior year to the reported year (A1c).

A2. Number of Individuals Served Enter the total number of eligible individuals served in the prior year (A2a), and in the current reported year (A2b). The total number of individuals served can be found in Part III A3. Calculate the change (plus or minus) in the numbers served from the prior year to the reported year (A2c).

A3. Number of Minority Individuals Served Enter the total number of minority individuals served in the prior year (A3a), and in the fiscal year currently being reported (A3b). The total number of minority individuals served is the total of Part III D1+D2+D3+D4+D5 +D7. Calculate the change (plus or minus) in the numbers served from the prior year to the reported year (A3c).

A4. Number of Community Awareness Activities Enter the number of community awareness activities or events in which the Chapter 2 program participated during the prior year (A4a), and in the fiscal year currently being reported (A4b). The number of community awareness activities is found in Part IV D3a. Calculate the change (plus or minus) in the number of events from the prior year to the year being reported (A4c).

A5. Number of Collaborating Agencies and Organizations Enter the number of collaborating organizations or agencies (formal agreements or informal activity) other than Chapter 2 paid sub-grantees or contractors in the prior year (A5a), and in the fiscal year currently being reported (A5b). Calculate the change (plus or minus) from the prior year to the year being reported (A5c).

A6. Number of Sub-grantees/Contractors If you provide services through sub-grantee agencies or contract, enter the number of sub-grantees or contracts in the prior year (A6a), and in the fiscal year currently being reported (A6b). Calculate the change (plus or minus) from the prior year to the year being reported (A6c). If you do not use sub-grantees, enter 0 in A6a, A6b, and A6c.

Part VI: Program Outcomes/Performance Measures — Instructions

A. Enter the number from Part IV B3 in A1. From available program data and evaluations, enter the number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss in A2. (closed/inactive cases only).

In A3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

B. Enter the number from Part IV C2 in B1. From available program data and evaluations, of those receiving orientation and mobility (O & M) services, enter the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services in B2 (closed/inactive cases only).

In B3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

C. Enter the number from Part IV C3 in C1. From available program data and evaluations, of those receiving communication skills training, enter the number of individuals who gained or maintained their functional abilities as a result of services they received in C2 (Closed/inactive cases only).

In C3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

D. Enter the number from Part IV C4 in D1. From available program data and evaluations, of those receiving daily living skills training, enter the number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills In D2 (Closed/inactive cases only).

In D3, enter the Number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

E1. Enter the Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only).

E2. Enter the number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only).

E3. Enter the number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only).

E4. Enter the number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss (Closed/inactive cases only). “Change in lifestyle” is defined as any non-vision related event that results in the consumer’s reduced independence, such as moving from a private residence (house or apartment) to another type of residence e.g. living with family, senior living community, assisted living facility, nursing home/long-term facility, etc. Reduced independence could also result in employing a caregiver to enable the consumer continue to live in his/her home. Examples of events that could result in reduced independence of the consumer include loss of spouse and onset or worsening of other health conditions such as diabetes, cancer, heart disease, etc.

E5. Enter the number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received (Closed/inactive cases only).

Part VII: Training and Technical Assistance — Instructions

On July 22, 2014, Public Law 113-128, the Workforce Innovation and Opportunity Act (WIOA) was enacted and included a new requirement under Section 751A that the RSA Commissioner shall conduct a survey of designated State agencies that receive grants under section 752 regarding training and technical assistance needs in order to determine funding priorities for such training and technical assistance. Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Independent Living Services for Older Individuals Who Are Blind grant (for example, financial management, reporting requirements on the 7-OB, program management, data analysis and program performance, law and applicable regulations, provision of services and service delivery, promising practices, resources and information, outreach, etc.).

Part VIII: Narrative — Instructions

Self-explanatory.

Part IX: Signature Instructions

Please sign and print the name, title and telephone number of the IL-OIB Program Director.